CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KOLAR Document ID: 1834133

Form ACO-1 January 2018 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

Confidentiality Requested:

Yes No

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No.:
Name:		Spot Description:
Address 1:		Sec TwpS. R East West
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	Feet from East / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
		Producing Formation:
		Elevation: Ground: Kelly Bushing:
		Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.): _		Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Original	Total Depth:	
Deepening Re-perf. Conv. to	EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
		Chloride content: ppm Fluid volume: bbls
		Dewatering method used:
		Location of fluid disposal if hauled offsite:
		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date	Recompletion Date	County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY					
Confidentiality Requested					
Date:					
Confidential Release Date:					
Wireline Log Received Drill Stem Tests Received					
Geologist Report / Mud Logs Received					
UIC Distribution					
ALT I II III Approved by: Date:					

			CORRECT	ION #1	KOI	_AR Docu	ument ID: 183413
Operator Name:			Lease Name:		Well #:		
Sec Twp	S. R	East West	County:				
open and closed, flowing and flow rates if gas to s Final Radioactivity Log,	g and shut-in press urface test, along Final Logs run to c	formations penetrated. D sures, whether shut-in pre with final chart(s). Attach obtain Geophysical Data a or newer AND an image f	essure reached stati extra sheet if more and Final Electric Lo	c level, hydrostat space is needed	ic pressures, bott I.	om hole temp	erature, fluid recovery,
Drill Stem Tests Taken (Attach Additional She		Yes No		0	n (Top), Depth an		Sample
Samples Sent to Geolog	jical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:	Logs	 Yes No Yes No Yes No 					
		CASING Report all strings set-c	RECORD Ne		on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITIONAL	CEMENTING / SQL	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
 Did you perform a hydrau Does the volume of the t 	otal base fluid of the	ent on this well? hydraulic fracturing treatment ation submitted to the chemic	-	│ Yes ons? │ Yes │ Yes	No (If No, ski	o questions 2 ar o question 3) out Page Three	

1.	Did you perform a hydraulic fracturing treatment on this well?
2	Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350

							3	3
3	Was the hy	vdraulic	fracturing	treatment	information	submitted to	the chemical	disclosure registry?

No (If No, skip question 3)	
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0	. Was the hydraulic fractaling realinent mormation submitted to the chemical disclosure registry:	
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Date of first Produ Injection:	ction/Injection	or Resumed Prod	uction/	Producing M	ethod:	ping	Gas Lift	Other (Explain)			
Estimated Production Oil Bbls. Per 24 Hours		ols.	Gas	Mcf		Water	Bbls.	Gas-Oil Ratio	Gravity		
DISPOSITION OF GAS:					Commingled (Submit ACO-4)	PRODUCTION Top	N INTERVAL: Bottom				
Shots Per Foot	Perforation Top	n Perforation Bottom	-	Bridge Plug Type	Bridge Set A				ot, Cementing Squeeze I ad Kind of Material Used)	Cementing Squeeze Record Kind of Material Used)	
TUBING RECORI	D: Siz	ze:	Set At:		Packer A	t:					

Form	ACO1 - Well Completion
Operator	RJ Energy, LLC
Well Name	WEBER 8A
Doc ID	1834133

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	20	portland	8	n/a
Production	5.875	2.875	9	687	portland	80	n/a

Summary of Changes

Lease Name and Number: WEBER 8A API/Permit #: 15-107-25469-00-00 New Doc ID: 1834133 Parent Doc ID: 1692350 Correction Number: 1 Approved By: Kelsey Cox

Field Name	Previous Value	New Value
Date of First or Resumed Production or	2/1/2022	2/1/2023
SWD or Enhr Approved By	David Befort	Kelsey Cox
Approved Date	02/16/2023	03/14/2025